
CHAPTER 3. DEVELOPMENT OF MEDCASE/SUPERCEEP REQUIREMENTS

3-1. INTRODUCTION

a. MEDCASE/SuperCEEP Requirements. A MEDCASE/SuperCEEP requirement is a need for an item of equipment which is eligible for funding through the MEDCASE/SuperCEEP program. A requirement equates to a single end item or system.

(1) MEDCASE/SuperCEEP requirements are forecasted and initiated by each MEDCASE/SuperCEEP program participant and are submitted through command channels for review and approval or disapproval. The unit price and functional area of the equipment requirement determine the level of approval authority.

(2) Approved and disapproved MEDCASE/SuperCEEP requirements are retained in the program database of the WebMRE System. Approved requirements may be executed when it is determined that funds are available.

b. Requirements Development by the MTF. The process of requirement development includes three broad functions. Unless otherwise specified in this manual, local or command directives may establish specific procedures and responsibilities for the accomplishment of these functions. The following paragraphs describe the functions that must be accomplished at the activity level during the three phases of requirements development:

(1) Identification of requirements. The identification of requirements includes forecasting requirements for equipment replacement and modernization and the identification of equipment requirements to meet additional missions, advancements in technology or standards of medical practice.

(2) Initiation of MEDCASE/SuperCEEP requirements. The initiation of requirements includes the preparation of the DA Form 5027-R (MEDCASE Program Requirement) and DA Form 5028-R (MEDCASE Support and Transmittal Form), the obtaining of separate approvals (when required), and the assigning of a MEDCASE/SuperCEEP Asset Control Number (ACN) with BLIC for MEDCASE items. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R.

(3) Submission of MEDCASE/SuperCEEP requirements. The submission of requirements includes the assembly of a completed DA Form 5027-R/5028-R with all attachments and supporting documentation through applicable channels.

c. Requirements Development by the TARA. The process of requirement development includes two broad functions. The following paragraphs describe the functions that must be accomplished during the two phases of requirements development:

(1) The identification of requirements. During a TARA site visit (see chapter 17), the team develops a 5-year equipment upgrade and replacement plan for all diagnostic imaging items that meet the MEDCASE/SuperCEEP threshold.

(2) The initiation of MEDCASE/SuperCEEP requirements. Per the 5-year plan, the USAMMA develops an ACN in the WebMRE and requests MTF and RMC concurrence.

3-2. IDENTIFICATION OF REQUIREMENTS

With the exception of TARA reviewed items, identification of requirements is normally the responsibility of the user. Although some requirements may be identified by other sources, such as a Hospital Risk Management Committee, generally, MEDCASE/SuperCEEP requirements are identified based upon one of the following reasons:

a. Routine Replacement.

(1) The user, based upon maintenance, technology, and/or economic considerations, forecasts the routine replacement of existing equipment.

(2) To assist the user, DMLSS and the Joint Medical Asset Repository provide an Equipment Replacement Report. This report is available by property book and hand receipt and identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. While life expectancy alone is not an acceptable justification for replacement, this report provides a "starting point" for evaluating equipment for possible replacement. MEDCASE/SuperCEEP managers must provide users with this report on an annual basis or upon request.

b. New Technology. The user or the DIRS identifies new products arising from advancements in technology. Sources of information commonly include professional publications, professional development conferences, consultant visits, and equipment vendors.

c. New Mission. New missions assigned to an activity must be evaluated as soon as possible to determine if they can be supported by existing equipment. The activity or agency assigning the new mission as well as the activity receiving the new mission must conduct this evaluation. The directive assigning the new mission must be identified on the DA Form 5027-R.

d. Military Construction. New requirements for equipment may arise as a result of facility construction or a renovation project, which provides an increase in either the size or the capability of the activity.

3-3. MTF OR RMC INITIATION OF REQUIREMENTS

a. A MEDCASE/SuperCEEP requirement is initiated by the preparation and processing of a DA Form 5027-R and a DA Form 5028-R. This is the responsibility of the user or the requester. The DA Forms 5027-R and DA Form 5028-R must be initiated once it has been determined that a need cannot be met through the use of existing or reported excess assets.

b. The DA Forms 5027-R/5028-R are the basic documents of the MEDCASE/SuperCEEP program. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R. Together they provide an auditable record that documents the need, coordination, and approval of a MEDCASE/SuperCEEP requirement. MEDCASE/SuperCEEP program participants, MSC/RMCs, and USAMMA are responsible for ensuring that DA Forms 5027-R/5028-R are complete, adequate,

accurate, and equipment requested is eligible for funding with MEDCASE/SuperCEEP funds. The requesting activity must maintain copies of all DA Forms 5027-R/5028-R for audit purposes.

(1) DA Forms 5027-R/5028-R must be prepared for each eligible MEDCASE/SuperCEEP requirement. As an exception, multiple quantities of a single line item may be requested on a single DA Form 5027-R/5028-R provided that the items are identical, the maintenance information for each item being replaced is provided and the justification on the DA Form 5027-R MPR is adequate for the total quantity. An ACN will be assigned to each item identified on the DA Form 5027-R, consequently, funding approval will occur independently.

(2) MEDCASE/SuperCEEP requirements shall be described in generic terms using the Standard Item Descriptions provided in Appendix A. Requirements will not be described by brand name. Where necessary for clarity, a brand name reference may be included following the generic item description; however this will not be accepted as an endorsement of that particular brand.

(3) Each individual block on the DA Form 5027-R must be completed. Continuation sheets may be used where necessary provided there is a clear reference to the block being continued. It is acceptable to leave a block on the DA Form 5027-R blank with a reference to "see attached sheet."

(4) The DA Form 5027-R must include a justification that clearly establishes the need for the item requested.

(5) If required for clarity, a copy of manufacturer's literature will be attached to the DA Forms 5027-R/5028-R as an enclosure. The enclosure of manufacturer's literature does not constitute endorsement of that brand.

(6) The initiator or requester certifies that the requirement described on the DA Form 5027-R is valid and that the justification provided is accurate to the best of his/her knowledge. The initiator's release also certifies that consideration has been given to the availability of existing or excess assets and that none are available that will meet the requirement.

(7) If the requirement is not a TARA-generated approved requirement, regardless of cost, you are required to provide a total case analysis (TCA) as noted in appendix F.

(8) If your facility had a TARA visit within the last four years, no TCA or detailed justification is necessary.

3-4. ASSIGNMENT OF A MEDCASE/SUPERCEEP ACN

Each MEDCASE/SuperCEEP requirement is identified by an ACN. ACNs are used to track requirements throughout the review and approval process and are the means by which requirements are identified and funded in the WebMRE system. (See figure 3-1.)

FIGURE 3-1. ASSET CONTROL NUMBER

IDC	FISCAL YEAR (FY)	SEQUENCE NUMBER (SEQ)
Is determined by the AMEDD Standard Item Description in appendix A	The target FY for execution	A unique, locally assigned, 3-position number used to identify a specific requirement.
3265	04	001
Scanner, Computed Tomography, Computed	FY 2004	Identifies the specific requirement for a CT X-ray system

a. Construction of an ACN. MEDCASE/SuperCEEP ACNs consist of three elements as stated below:

(1) IDC. The IDC is a four-position numeric code that relates to a standard item description for each type of equipment. Accurate IDCs are necessary for tracking and identifying equipment in automated property accounting and asset visibility systems. Appendix A provides a list of standard IDCs by functional area and in nomenclature sequence.

(2) FY Code: The FY Code refers to the fiscal year in which acquisition of the requirement is recommended or requested. For routine submissions, this will be the FY of the budget year, i.e., the next fiscal year. For urgent or emergency requirements, this will be the FY of the current or execution year.

(3) SEQ Code: SEQ is a three-digit code assigned from an ACN control register in accordance with local or command procedures. Normally, the activity MEDCASE/SuperCEEP manager maintains the ACN control register.

b. Assignment of an ACN. An individual ACN will be assigned to each requirement. In cases where multiple items are requested on a single DA Form 5027-R/5028-R, an ACN will be assigned for each item.

c. Recording ACNs in DMLSS. For MEDCASE/SuperCEEP program participants utilizing DMLSS for property accountability, the ACN must be entered when establishing a Planning Record.

d. The USAMMA/USAMEDCOM Unique ACNs. Sequence numbers 700 through 999 are reserved for the USAMMA use only. Sequence numbers 700 through 799 will be used for Picture Archiving Communications Systems (PACS). Sequence numbers 800 through 899 identify MEDCOM generated items. Sequence numbers 900 through 999 identify TARA recommended items. This technique is intended to allow uninterrupted processing of requirements. When a 700, 800, or 900 series ACN is used, the USAMMA will notify the activity.

3-5. ASSIGNMENT OF A BLIC

a. General. MEDCASE funds and requirements are divided into six categories that are identified by a BLIC. These categories describe the purpose for which the equipment and funds are required. The DMLSS and the WebMRE system incorporate a two-position BLIC. Input and output transactions in both the DMLSS and WebMRE utilize the two-position BLIC.

(1) BLIC UR (Replacement and Modernization). Identifies funds and equipment required to replace, upgrade, or modernize existing equipment or to provide new or expanded capabilities.

(2) BLIC CF (Clinical Investigation). Identifies funds and equipment required to support the AMEDD's Clinical Investigation Program.

(3) BLIC PC (Pollution Control). Identifies funds and equipment required to support the AMEDD's Pollution Control Program.

(4) BLIC DA (Drug Abuse and Control). Identifies funds and equipment required to support the AMEDD's Drug Abuse Prevention and Control Program.

(5) BLIC NF (New Facilities Equipment [DHP-funded]). Identifies funds and equipment required to equip medical MCA-funded construction/renovation projects.

(6) BLIC MB (New Facilities Equipment for Medical Military Construction Projects). Identifies funds and equipment required to equip medical MILCON new construction/renewal projects.

b. Responsibility. All MEDCASE requirements must accurately reflect the appropriate BLIC on the DA Forms 5027-R/5028-R. The BLIC is entered on the forms by the activity MEDCASE manager.

3-6. JUSTIFICATION OF REQUIREMENTS

a. General. Adequate clinical, logistical, or economic justification for MEDCASE/SuperCEEP requirements is absolutely essential to the integrity of the MEDCASE/SuperCEEP program. All requirements must be justified. The justification is the responsibility of the user or the initiator of the requirement, although it is the responsibility of every individual who releases a requirement to evaluate and, if appropriate, to question the justification provided.

b. Justifications. Justifications must be concise and entered in the appropriate space on the DA Form 5027-R. Continuation sheets may be used where necessary, provided there is a clear reference to the block being continued. It is acceptable for the justification block on the DA Form 5027-R to reflect, "see attached sheet."

(1) Minimum Essential Characteristics. A justification should state the minimum essential characteristics of the item requested and provide a clinical or functional reason for each.

(2) Justifications Supported by Facts. General statements such as, *"...required to meet an increase in workload"* will **not** be accepted unless the actual increase in workload is quantified and explained. Justifications that cite maintenance problems experienced with existing equipment must be supported by documentation of those maintenance problems. Such documentation is provided by the Equipment Maintenance Activity and must accompany the DA Forms 5027-R/5028-R through the review and approval process.

(3) Capabilities Versus Requirements. Justifications must relate the capabilities requested to the actual requirements of the activity. A requirement justification that explains in great detail the technological advantages of a type of

equipment will not be accepted unless the activity's need for those advantages is explained. The phrase "state-of-the-art" is not an acceptable justification unless the specific "state-of-the-art" capabilities and the need for those capabilities are described. Justifications must not repeat or paraphrase manufacturer's literature.

c. DA Form 5027-R Justification Block. The justification block on the DA Form 5027-R prompts the initiator to answer specific questions regarding the requirement. These questions must be answered clearly and concisely

(1) What is the requested item to be used for? Why is the item needed?

(2) How will the item be used with other equipment?

(3) What are the advantages of the requested item over equipment currently in use or available on the market? Why are these advantages needed?

(4) Have specific details been presented regarding cost-benefit, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?

(5) What will be the impact upon mission accomplishment if the requested item is not acquired?

(6) Is the anticipated workload provided?

(7) Has consideration been given to the use of available excess assets to satisfy this requirement?

3-7. THE DMLSS SYSTEM

a. General. The DMLSS is a standard DOD system utilized by DOD medical activities worldwide. DMLSS provides the capability to plan, acquire, account, manage, and maintain property.

b. Requirements. The DMLSS equipment request enables activities to plan equipment acquisitions. This function and associated transactions allow for a systematic plan for the equipment needs of an activity's ongoing operations, technological innovations or change of mission. It provides a variety of tools for the management of an activity's MEDCASE/SuperCEEP program. Properly used, this module will provide management information applicable to each phase of the development of MEDCASE/SuperCEEP requirements.

c. Equipment Replacement Report. To support the identification of candidates for equipment replacement, DMLSS and Joint Medical Asset Repository (JMAR) provide Equipment Replacement Reports, which can be produced by property book or by hand receipt. This report identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. Although the age of equipment is not in itself justification for replacement, this report must be used by the activity to identify items of equipment that may warrant further evaluation.

d. Planning Record. Once the activity/RMC/MSR commander has approved a MEDCASE/SuperCEEP requirement, it is ready to be submitted through command channels for review and approval as deemed appropriate. The DMLSS Equipment

Request process generates an email that is sent to the USAMMA when the item is approved locally. The USAMMA enters the requirement in the WebMRE, but it is the responsibility of the activity to ensure the requirement is in the WebMRE system.

3-8. OBJECTIVES FOR MEDCASE/SUPERCEEP PROGRAM SUBMISSIONS

a. General. MEDCASE/SuperCEEP requirements must be submitted as they are approved by the activity commander. They should not be held at the activity and submitted in batches at routine intervals. Routine MEDCASE/SuperCEEP Program requirements are submitted during the budget year (i.e., during the FY preceding the FY in which the equipment is to be acquired). Requirements that are deemed by the local activity commander to be urgent or emergency are submitted for approval during the current execution year.

b. Processing Objectives. RMCs may establish processing objectives for their subordinate activities. Unless otherwise specified by command policies or procedures, activities should consider an average of 30 working days as the goal for the completion of internal review and approval.

3-9. SUBMISSION OF REQUIREMENTS

a. Documents Required for Submission. Requirements must be submitted as complete packages, i.e., the DA Forms 5027-R/5028-R with all appropriate supporting documentation and enclosures. The following list of documents typically comprises a MEDCASE/SuperCEEP program submission:

- (1) DA Form 5027-R
- (2) DA Form 5028-R
- (3) Maintenance records on equipment that is to be replaced
- (4) Documentation of separate approval for non-medical items
- (5) Manufacturer's or vendor's price quote and literature
- (6) Total Case Analysis (Appendix F)

b. Coordination of the DA Forms 5027-R/5028-R. Coordination is necessary to ensure that the item requested is appropriate and can be installed and/or supported by the activity. The activities most commonly involved in the review process have spaces provided on the DA Form 5028-R for comment and concurrence. Documentation of additional review may be attached as separate enclosures. Coordination with the following areas within the activity must be considered for all MEDCASE/SuperCEEP requirements and is generally the responsibility of the local MEDCASE/SuperCEEP Manager:

(1) Equipment Maintenance Activity. All MEDCASE/SuperCEEP requirements must be reviewed and commented upon by the equipment maintenance activity, which is responsible for the maintenance and repair (or maintaining a service contract) of equipment requested. Under no circumstances will the maintenance block on the DA Form 5028-R be considered "Not Applicable." The maintenance activity is responsible for determining if the item requested can be supported, either through

in-house maintenance or by service contract. For replacement of existing MEDCASE/SuperCEEP requirements the maintenance activity is responsible for determining if replacement is justified from a maintenance perspective and enters specific information obtained from maintenance records onto the DA Form 5028-R. The maintenance activity also provides a current copy of the maintenance record to be forwarded with the DA Forms 5027-R/5028-R.

(2) Engineer (Facility Manager). All MEDCASE/SuperCEEP requirements that require installation or site preparation must be reviewed and commented upon by the facility managing activity that provides facility support. The facility managing activity is responsible for determining if the equipment requested can be installed and operated in the facility and estimating requirements for site preparation, if necessary. Of particular importance are the availability of power, drainage, ventilation, and other utilities that may be required for the operation of the equipment. The health facilities officer or Project Point of Contact (POC) must sign in the Engineer Block if the project is a medical MILCON project.

(3) Information Management Officer. All MEDCASE/SuperCEEP requirements which have Information Mission Area Equipment (IMAE) associated with it must be reviewed by the activity's Information Management Officer (IMO). The IMO is responsible for determining if the equipment requested requires separate IMA approval as prescribed by AR 25-1.

(4) Health Physics Officer (HPO). The HPO review and clearance is required for all MEDCASE/SuperCEEP requirements which emit radiation, microwaves, laser, radio waves, or has radioactive materials as a component. HPO clearance may be granted if all regulatory requirements are, or shall be, met.

(5) Local Chief of Radiology. All MEDCASE/SuperCEEP requirements for diagnostic imaging or radiation therapy equipment must be reviewed by the local Chief of Radiology whether or not it will be operated within the Department of Radiology. The concurrence and signature of the Chief of Radiology must appear on the DA Form 5027-R, if more space is needed use a separate enclosure.

(6) Resources Manager. All MEDCASE/SuperCEEP requirements that:

(a) require maintenance by service contract;

(b) allow termination of a service contract; or

(c) are justified based upon economic return or savings must be reviewed by the activity resources manager. The resource manager determines the impact of the requirement upon the activity operating budget to ensure that it can be supported and verifies economic analysis used in the justification. Resources manager comments and signature must appear on the DA Form 5027-R.

(7) Logistics. The Logistics Division is the proponent for the activity's MEDCASE/SuperCEEP program. The Chief of Logistics is responsible for ensuring that a MEDCASE/SuperCEEP requirement is:

(a) eligible for the MEDCASE/SuperCEEP program;

(b) properly coordinated (to include the screening of excess assets) with all of the necessary signatures; and

(c) ready for submission to the activity commander for review and approval. The Chief of Logistics must recommend approval or disapproval of all MEDCASE/SuperCEEP program requirements.

c. Local Approval. Once the DA Forms 5027-R/5028-R are initiated and coordinated within the activity, the activity commander reviews and approves or disapproves the requirement. This authority will not be delegated. The release of the DA Forms 5027-R/5028-R by the activity commander designates approval of the requirement and certifies that the requirement represents a valid, justified need for the accomplishment of the activity's mission. The Commander also determines whether or not an item to be replaced should be turned in or retained.

d. Role of Local Program Budget Advisory Committee (PBAC). The PBAC is an advisory committee that recommends funding and other resource utilization priority ranking to the commander. The PBAC neither approves nor disapproves MEDCASE/SuperCEEP requirements. The PBAC does not review DA Forms 5027-R or 5028-R before they are forwarded for final review and approval. The prioritizing of the MEDCASE/SuperCEEP requirements must be accomplished prior to the end of September in the year of execution or earlier if requested by USAMEDCOM.

e. Regional Medical Command/Major Subordinate Command Approval. The requirement is forwarded to the RMC Commander for approval or disapproval after the activity commander reviews and approves the requirement. The RMC Commander authority will not be delegated. Upon RMC/MSA approval, all DA form 5027-R/5028-R must be sent to USAMMA for OTSG consultant review.

3-10. MILCON PROJECT REQUIREMENTS MANAGEMENT (BLIC "NF" AND "MB")

a. Planning for the Equipment. Requirements must be started before construction begins. This ensures that sufficient funds are allocated for the equipment in advance of construction. Chapter 11 provides an overview of the events and the responsibilities associated with a project. The following paragraphs discuss the development of MEDCASE requirements for a new or renovated facility.

b. Management of Medical MILCON Projects. MEDCASE requirements for medical MILCON projects are intensively managed at the activity and the command level. Each project is identified within the MEDCASE system by a Project Code. Activities must add the project code to the Project Code File in the DMLSS requirements module to ensure correct interface with the WebMRE system. A project code is obtained from USAMMA for each facility project.

c. Assignment of a BLIC. Equipment requirements developed as part of a medical MILCON project are assigned one of two BLICs: NF or MB. These BLICs identify the type of funds that will be used to execute the requirement. To determine the appropriate BLIC, the activity must determine the Logistical Category (LOGCAT) code assigned to that type of equipment. LOGCATs are explained in chapter 11, paragraph 11-3.

(1) BLIC "NF" requirements are funded with DHP MEDCASE/SuperCEEP funds. BLIC "NF" requirements equate to LOGCAT C equipment.

(2) BLIC "MB" requirements are funded with medical MILCON funds which are set aside by the Corps of Engineers for the acquisition of equipment through the MEDCASE program. BLIC "MB" requirements equate to LOGCAT "E" and "F" equipment.

d. Justifications for BLIC "NF" and "MB" Requirements. Justifications for equipment required as parts of a project are subject to the same scrutiny as requirements within other BLICs. In order to ensure that justifications provided are adequate, the activity should address the following:

(1) If the DA Forms 5027-R/5028-R are for a replacement item of equipment, include supporting documentation such as maintenance records for the item being replaced. This requirement is no different from that which is required for a BLIC "UR" submission.

(2) If the DA Form 5027-R/5028-R are for equipment that is needed to meet the requirements of a larger facility or expanded capabilities, describe the difference between the old and new facilities and explain what existing assets can and cannot be used.

(3) Do not assume that the approving authority can consider the fact that a requirement is listed on the Project Room Report (PRR) or has been identified by the transition committee as justification by itself. Every requirement must stand on its own merits and clearly explain why the equipment requested is required.

e. Submission of Requirements.

(1) BLIC "NF" and "MB" requirements may be submitted up to 5 years before the anticipated year of execution. Requirements, which require installation must be submitted in time to allow for sufficient acquisition lead-time to prevent construction delays. The ACNs shall reflect the FY of the year in which execution is expected. These requirements must be developed and submitted in time to routinely flow through the MEDCASE/SuperCEEP review process and to allow adequate procurement lead-time following approval and funding. Activities must plan to have "1A" approval on individual requirements no later than 12 months prior to the execution year.

(2) Requirements that are not funded will be purged from the MEDCASE database at time of Beneficial Occupancy. Requests for exceptions to the policy for DA Forms 5027-R/5028-R submission and/or funding must be submitted through command channels to USAMMA, ATTN: MCMR-MMO-AT, for evaluation on an individual case-by-case basis.

f. Review Criteria for On-hand Equipment. It is AMEDD policy that existing assets be used to meet the equipment requirements of construction/renovation projects to the maximum extent feasible. The review and evaluation of equipment requirements and existing assets must take into account the potential obsolescence of equipment at the time the new facility will be occupied. Also, consideration must be given to the cost of removing, transferring and reinstating existing equipment, as well as the useful life of on-hand assets if there is slippage in the occupancy dates due to construction delays. A project shall not be viewed as an opportunity to acquire all new equipment for a facility. Replacement of existing equipment must be fully supported and justified through the MEDCASE/SuperCEEP approval process. The following criteria

may be used as a guide in evaluating existing equipment:

(1) Equipment having at least 24 months of useful life remaining at the time of planned occupancy of the new facility should be used in the new facility unless the equipment would be technologically obsolete or cannot be made to conform to safety standards or project design. Equipment that is essential to operations in both the old and new facility may be considered for replacement if the equipment cannot be removed, transferred, and reinstalled in time to prevent curtailment of essential services.

(2) Equipment in place is normally not eligible for MEDCASE/SuperCEEP funding. Equipment in place that has at least 12 months of useful life remaining at the time of planned occupancy of the new facility should be used in the new facility unless the equipment would be technologically obsolete.

g. Early Replacement of Equipment. If, during the review process, it is determined that an item of equipment must be replaced due to maintenance or technological reasons before it would otherwise be moved to the new facility, it should be replaced as a BLIC "UR" MEDCASE/SuperCEEP requirement. Consideration will be made on a case-by-case basis.

3-11. INITIATION OF BLIC "NF" AND BLIC "MB" REQUIREMENTS

a. Equipment Planning. For planning purposes, there are two categories of equipment that must be programmed for a medical MILCON project.

b. LOGCAT Codes - Government Furnished Equipment (GFE). (**Note:** Few items, if any, are MEDCASE/SuperCEEP eligible.) GFE items are those LOGCAT "E" items that are listed in the final design drawings and contract specifications for the new facility. The government must provide this equipment to the construction contractor, who is responsible for their installation. It is essential that these items are made available to the contractor by various deadlines established in the construction contract; otherwise, the government may be liable for costs associated with a project delay. The Health Facility Project Office (HFPO) assigned to the project will advise the activity of the required delivery dates for GFE.

c. X-ray equipment. X-ray equipment is typically MILCON funded and are categorized as LOGCAT "F" items. X-ray equipment is installed by the equipment vendor as part of the purchase contract. The technical complexity of these systems requires considerable effort to adequately prepare the necessary documentation for their approval and purchase. Due to their high dollar value, long acquisition lead times are often experienced, especially for overseas customers.

3-12. CENTRAL REQUIREMENTS

a. General. There may be cases where it is determined that it would be advantageous to generate consolidated MEDCASE/SuperCEEP equipment requirements for approval and/or acquisition. Advantages of such action could include: the standardization of an item, the ability to apply funds for a large requirement without decrementing activities' accounts, ensuring the timely or coordinated receipt of equipment by several activities, or cost savings which may be obtained through the competitive acquisition of large quantities of equipment.

(1) A consolidated acquisition pertains to the consolidation of approved MEDCASE/SuperCEEP requirements for central acquisition by a designated procurement activity.

(2) A central requirement pertains to the identification, initiation, coordination and approval of a MEDCASE/SuperCEEP requirement. Central requirements may be executed by either a consolidated acquisition or by decentralized local procurement by the designated activities.

b. Development of Central Requirements. Central requirements may be developed and submitted for approval using a single DA Form 5027-R/5028-R with a listing of the activities designated to receive the equipment included as an enclosure. A central requirement provides sufficient justification to support the acquisition of the equipment for all of the designated activities and, when applicable, to include maintenance summaries. The activity preparing the central requirement is responsible for the preparation of the acquisition purchase description of the equipment.

(1) The USAMEDCOM and USAMMA may generate central requirements for medical activities. In such cases, there is no requirement for the receiving activity to generate a DA Form 5027-R or a DA Form 5028-R. Activities must establish the requirement in the Requirements module of DMLSS.

(2) The USAMMA will assign an ACN for each activity and notify the activity of the ACN and request they assign and provide a document number in order to process the requirement for procurement. The USAMMA will notify the activity when to establish a due in and the activity will update DMLSS with the due in.

c. Coordination. Central requirements and/or consolidated acquisitions require careful coordination to ensure that activities are provided with the information necessary to post MEDCASE/SuperCEEP records and establish property accountability.